Atty. Dkt. No. 071949-1328

IN T	HE UNITED STATES PATENT AN	D TRADEMARK OFFICE	U.S. PTO 397351	2003
Applicant:	Kenneth F. Buechler	CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited	03945 10/(
Title:	DIAGNOSTIC DEVICES AND APPARATUS FOR THE CONTROLLED MOVEMENT OF REAGENTS WITHOUT MEMBRANES	with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. <u>EL990322641US October 29, 2003</u> (Express Mail Label Number) (Date of Deposit) Germaine Sarda	0	
Prior Appl. No.: Prior Appl.	09/613,650	(Printed-Name) (Printed-Name) (Signature)		
Filing Date:	07/11/2000		J	
Examiner:	Unknown			
Art Unit:	1743	· · ·		

<u>CONTINUING PATENT APPLICATION</u> <u>TRANSMITTAL LETTER</u>

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (65 pages).
- [X] Formal drawings (17 sheets, Figures 1-16B).
- [X] Copy of Declaration and Power of Attorney filed in parent patent application (3 pages).
- [X] Copy of Assignment of the invention to Biosite, Inc. filed in parent patent application, recorded on 10/14/2003 at Reel/Frame 014048/0892 (2 pages).
- [X] Application Data Sheet (37 CFR 1.76) (4 pages).
- [X] Return postcard.

The filing fee is calculated below:

	Claims		Included in	1 —	Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	7	-	20	=	0	х	\$18.00	=	\$0.00
Independ ents:	1	-	3	=	0	x	\$86.00	=	\$0.00
If any Mul	tiple Dep	ende	ent Claim(s	- s) pr	esent:	+	\$290.00	=	\$0.00
						SU	JBTOTAL:	=	\$770.00
[]	Sm	all I	Entity Fees	App	oly (subtra	act ½	² of above):	=	\$0.00
TOTAL FILING FEE:							=	\$770.00	
<u> </u>						T	OTAL FEE	=	\$770.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$770.00 to cover the filing fee.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____ October 29, 2003

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